Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>07/29/2010</u>	Address:	CROP PRODUCTION SERVICES	
Case #:	<u>42-30905</u>		GREENSBURG, INDIANA	
County:	<u>DECATUR</u>		<u>47240</u>	
Type of Laboratory Seizure (check one) ☐ Operational Lab ☐ Chemical/Glassware/Equipment (only) ☐ Dumpsite (only)		Seizure Location (c Residence Outbuilding Vehicle	check all that apply) Hotel/Motel Open – No Structure Other;	
Items Found: Location (bedroom, kitchen, open air, etc)				
(check all that apply)				
Lithium/Ammonia Reaction(s):				
Red Phosphorous/lodine Reaction(s):				
Flammable Solvents:				
Water Reactive Metal (Lithium):				
Anhydrous Ammonia: HOSES				
☐ Hydrochloric Acid Gas Generator(s):				
Corrosive Acid:				
Corrosive Base:				
Other (item and location):				
∏ Yes ⊠ No	er age 18 discovered (check one) (number present) port to Child Protective Services	☐ Ephedrin ☐ Retail/Me	e <u>Information</u> c/Pseudoephedrine Tracking Log etchant Tip <u>O INFORMAT</u> IO <u>N</u>	
This report is to be faxed to the following agencies that serve the location:				
Fire Departs	ment: <u>GREEN</u> SBURG VFD	Fax: E-MAIL TO GFD		
Health Department: D.C.II.D.		Fax: <u>E-MA</u> Fax:		
Child Protection Service:				
For further information regarding this methamphetamine laboratory, contact Investigating Officer; <u>CHIP AYERS</u> Phone <u>317.234.4591</u>				

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

^{***} This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.